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PTO/SB/05 (05-03)

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|  |   |                     |              |                |                |       |   |                        |                 |
|--|---|---------------------|--------------|----------------|----------------|-------|---|------------------------|-----------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b>              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attorney Docket No.</td> <td>0275M-000769</td> </tr> <tr> <td>First Inventor</td> <td>Reinhold Oppen</td> </tr> <tr> <td>Title</td> <td>POSITIONING AND/OR ASSEMBLY AID AND CORRESPONDING PROCESS</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EL 741092235 US</td> </tr> </table> | Attorney Docket No. | 0275M-000769 | First Inventor | Reinhold Oppen | Title | POSITIONING AND/OR ASSEMBLY AID AND CORRESPONDING PROCESS | Express Mail Label No. | EL 741092235 US |
| Attorney Docket No.  | 0275M-000769  |                     |              |                |                |       |   |                        |                 |
| First Inventor   | Reinhold Oppen  |                     |              |                |                |       |   |                        |                 |
| Title  | POSITIONING AND/OR ASSEMBLY AID AND CORRESPONDING PROCESS   |                     |              |                |                |       |   |                        |                 |
| Express Mail Label No.   | EL 741092235 US   |                     |              |                |                |       |   |                        |                 |
| (Only for new nonprovisional applications under 37 C.F.R. 1.53(b)) |   |                     |              |                |                |       |   |                        |                 |

|  |  |
|--|--|
| <p style="text-align: center;"><b>APPLICATION ELEMENTS</b></p> <p style="font-size: x-small;">See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 5px;">16</span> ]</span><br/> <i>(preferred arrangement set forth below)</i><br/>         - Descriptive title of the Invention <input checked="" type="checkbox"/> Specification filed in English<br/>         - Cross References to Related Applications<br/>         - Statement Regarding Fed sponsored R &amp; D<br/>         - Reference to sequence listing, a table, or a computer program listing appendix<br/>         - Background of the Invention<br/>         - Brief Summary of the Invention<br/>         - Brief Description of the Drawings (if filed)<br/>         - Detailed Description<br/>         - Claim(s)<br/>         - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) <span style="float: right;">[Total Sheets <span style="border: 1px solid black; padding: 0 5px;">2</span> ]</span></p> <p>5. Oath or Declaration <span style="float: right;">[Total Pages <span style="border: 1px solid black; padding: 0 5px;">  </span> ]</span><br/>         a. <input type="checkbox"/> Newly executed (original or copy)<br/>         b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/> <i>(for a continuation/divisional with Box 18 completed)</i><br/>         i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p style="text-align: center;"><b>ADDRESS TO:</b></p> <p style="font-size: x-small;">Mail Stop Patent Application<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><br/>         a. <input type="checkbox"/> Computer Readable Form (CRF)<br/>         b. Specification Sequence Listing on:<br/>             i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or<br/>             ii. <input type="checkbox"/> paper<br/>         c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;"><b>ACCOMPANYING APPLICATIONS PARTS</b></p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/> <i>(when there is an assignee)</i></p> <p>11. <input checked="" type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p> |
|--|--|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation   
 ☐ Divisional   
 ☐ Continuation-in-part (CIP)   
 of prior application No: PCT / EP 02/04019  
 Prior application information:    Examiner: \_\_\_\_\_    Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|   |                                  |           |              |  |              |
|---|----------------------------------|-----------|--------------|--|--------------|
| <b>17. CORRESPONDENCE ADDRESS</b>                                     |                                  |           |              |  |              |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label |                                  | 27572     |              | or <input type="checkbox"/> Correspondence address below |              |
| (Insert Customer No. or Attach bar code label here)                   |                                  |           |              |  |              |
| Name  | Harness, Dickey & Pierce, P.L.C. |           |              |  |              |
| Address   | P.O. Box 828                     |           |              |  |              |
| City  | Bloomfield Hills                 | State     | MI           | Zip Code   | 48303        |
| Country   | United States of America         | Telephone | 248-641-1600 | Fax  | 248-641-0270 |

|                   |                  |                                   |               |
|-------------------|------------------|-----------------------------------|---------------|
| Name (Print/Type) | Monte L. Falcoff | Registration No. (Attorney/Agent) | 37,617        |
| Signature         |                  |                                   | Date          |
|                   |                  |                                   | Oct. 17, 2003 |

03917 U.S. PTO  
10/688240  
101703

# FEE TRANSMITTAL for FY 2004

*Patent fees are subject to annual revision.*


☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1036

## Complete if Known

|                      |                  |
|----------------------|------------------|
| Application Number   | Not Yet Assigned |
| Filing Date          | Herewith         |
| First Named Inventor | Reinhold Oppen   |
| Examiner Name        | Not Yet Assigned |
| Group / Art Unit     | Not Yet Assigned |
| Attorney Docket No.  | 0275M-000769     |

| METHOD OF PAYMENT (check all that apply)  |          |              |          | FEE CALCULATION (continued)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|---|----------|--------------|----------|---|----------|--------------|--|-----------------|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|-----|------|-----|-------------------------------------|-----|-----------------------------------|----|------|-----|---|-----|---------------------------------------|-----|------|-----|---------------------------|-----|--|-------|------|-------|--|----|--|------|---------------------|------|--|--|-----------------|--------|----------------------------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |          |              |          | <b>3. ADDITIONAL FEES</b>   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account:  |          |              |          | <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> </tbody> </table> |          |              |  | Large Entity    |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1051                   | 130 | 2051 | 65  | Surcharge - late filing fee or oath |     | 1052                              | 50 | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 1053                                  | 130 | 1053 | 130 | Non-English specification |     | 1812   | 2,520 | 1812 | 2,520 | For filing a request for reexamination |    | 1804   | 920* | 1804                | 920* | Requesting publication of SIR prior to Examiner action |  | 1805            | 1,840* | 1805                       | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |          | Small Entity |          | Fee Description   | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051  | 130      | 2051         | 65       | Surcharge - late filing fee or oath   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052  | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet.   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053  | 130      | 1053         | 130      | Non-English specification   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812  | 2,520    | 1812         | 2,520    | For filing a request for reexamination  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804  | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805  | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251  | 110      | 2251         | 55       | Extension for reply within first month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252  | 420      | 2252         | 210      | Extension for reply within second month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253  | 950      | 2253         | 475      | Extension for reply within third month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254  | 1,480    | 2254         | 740      | Extension for reply within fourth month   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255  | 2,010    | 2255         | 1,005    | Extension for reply within fifth month  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401  | 330      | 2401         | 165      | Notice of Appeal  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402  | 330      | 2402         | 165      | Filing a brief in support of an appeal  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403  | 290      | 2403         | 145      | Request for oral hearing  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451  | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452  | 110      | 2452         | 55       | Petition to revive - unavoidable  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453  | 1,330    | 2453         | 665      | Petition to revive - unintentional  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501  | 1,330    | 2501         | 665      | Utility issue fee (or reissue)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502  | 480      | 2502         | 240      | Design issue fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503  | 640      | 2503         | 320      | Plant issue fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460  | 130      | 1460         | 130      | Petitions to the Commissioner   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807  | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17 (q)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806  | 180      | 1806         | 180      | Submission of Information Disclosure Stmt   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021  | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties)  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809  | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810  | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801  | 770      | 2801         | 385      | Request for Continued Examination (RCE)   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802  | 900      | 1802         | 900      | Request for expedited examination of a design application   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b>  |          |              |          | Other fee (specify) _____   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b></td> <td colspan="2"><b>(\$ 770)</b></td> </tr> </tbody> </table>  |          |              |          | Large Entity  |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1001     | 770      | 2001     | 385      | Utility filing fee     | 770 | 1002 | 340 | 2002                                | 170 | Design filing fee                 |    | 1003 | 530 | 2003  | 265 | Plant filing fee                      |     | 1004 | 770 | 2004                      | 385 | Reissue filing fee                                 |       | 1005 | 160   | 2005                                   | 80 | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> |      |  |  | <b>(\$ 770)</b> |        | <b>2. EXTRA CLAIM FEES</b> |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description   | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001  | 770      | 2001         | 385      | Utility filing fee  | 770      |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002  | 340      | 2002         | 170      | Design filing fee   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003  | 530      | 2003         | 265      | Plant filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004  | 770      | 2004         | 385      | Reissue filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005  | 160      | 2005         | 80       | Provisional filing fee  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>   |          |              |          | <b>(\$ 770)</b>   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims <span style="border: 1px solid black; padding: 2px;">30</span> -20 ** = <span style="border: 1px solid black; padding: 2px;">10</span> X <span style="border: 1px solid black; padding: 2px;">18</span> = <span style="border: 1px solid black; padding: 2px;">180</span>  |          |              |          | *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$ 0   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims <span style="border: 1px solid black; padding: 2px;">4</span> -3 ** = <span style="border: 1px solid black; padding: 2px;">1</span> X <span style="border: 1px solid black; padding: 2px;">86</span> = <span style="border: 1px solid black; padding: 2px;">86</span>  |          |              |          |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent <span style="border: 1px solid black; padding: 2px;"></span> X <span style="border: 1px solid black; padding: 2px;"></span> = <span style="border: 1px solid black; padding: 2px;">0</span>  |          |              |          |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"><b>SUBTOTAL (2)</b></td> <td colspan="2"><b>(\$ 266)</b></td> </tr> </tbody> </table> |          |              |          | Large Entity  |          | Small Entity |  | Fee Description | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 1202     | 18       | 2202     | 9        | Claims in excess of 20 |     | 1201 | 86  | 2201                                | 43  | Independent claims in excess of 3 |    | 1203 | 290 | 2203  | 145 | Multiple dependent claim, if not paid |     | 1204 | 86  | 2204                      | 43  | ** Reissue independent claims over original patent |       | 1205 | 18    | 2205                                   | 9  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |  |  | <b>(\$ 266)</b> |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity  |          | Small Entity |          | Fee Description   | Fee Paid |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code  | Fee (\$) | Fee Code     | Fee (\$) |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202  | 18       | 2202         | 9        | Claims in excess of 20  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201  | 86       | 2201         | 43       | Independent claims in excess of 3   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203  | 290      | 2203         | 145      | Multiple dependent claim, if not paid   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204  | 86       | 2204         | 43       | ** Reissue independent claims over original patent  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205  | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent  |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>   |          |              |          | <b>(\$ 266)</b>   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above  |          |              |          |   |          |              |  |                 |          |              |          |                 |          |          |          |          |          |                        |     |      |     |                                     |     |                                   |    |      |     |   |     |                                       |     |      |     |                           |     |  |       |      |       |  |    |  |      |                     |      |  |  |                 |        |                            |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                      |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

| SUBMITTED BY      |   |                                 |        | Complete (if applicable) |               |
|-------------------|---|---------------------------------|--------|--------------------------|---------------|
| Name (Print/Type) | Monte L. Falcoff  | Registration No. Attorney/Agent | 37,617 | Telephone                | 248-641-1600  |
| Signature         |  |                                 |        | Date                     | Oct. 17, 2003 |

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